



MIKE BEEBE
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
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LITTLE ROCK, AR 72201-2610 (501) 682-6150

BOND FOR PAID SOLICITOR

AMOUNT \$10,000.00

INSURANCE COMPANY BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ (Name of Paid Solicitor), as Principal, and _____ (Name of Surety Company), a Surety authorized to do business in the State of Arkansas, are held and firmly bound to the ATTORNEY GENERAL OF THE STATE OF ARKANSAS for the use of the STATE OF ARKANSAS and any person who may have a cause of action against the principal obligor for any deceptive trade practice, malfeasance, or misfeasance of the Principal or any professional telemarketer retained by him in the conduct of a solicitation in the amount of Ten Thousand Dollars (\$10,000), lawful money of the United States of America for the payment of which well and truly to be made, we and each of us, bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this document.

WHEREAS, the above named Principal has applied to the Attorney General of the State of Arkansas to register as a Paid Solicitor for the period ending _____, in accordance with the provisions of Ark. Code Ann. § 4-28-401 *et seq.*, and is required to furnish a surety bond with such registration.

And, if the Principal shall fully and faithfully observe all provisions of Ark. Code Ann. § 4-28-401 *et seq.* and other relevant Arkansas law, then this obligation shall be void, otherwise to remain in full force and effect.

The Surety may cancel this bond at any time by filing notice of its intent to cancel or terminate this bond with the Attorney General of the State of Arkansas in writing by certified mail with thirty (30) days advance notice. The Surety shall not be discharged from any liability already accrued under this bond, or which shall accrue hereunder before the expiration of the thirty (30) day period.

This bond shall not become void upon the first recovery thereon but may be sued upon from time to time until the full amount thereof shall have been exhausted.

Signed and sealed this _____ day of _____, 200_____.

PAID SOLICITOR/PRINCIPAL
(Name of Person, Corporation, or Entity)

SURETY

BY: _____
(Signature of authorized individual)

(Type or print name)

Business Address

Telephone

BY: _____
(Signature of authorized individual)

(Type or print name)

Business Address

Telephone

FOR PAID SOLICITOR/PRINCIPAL:

STATE OF _____)
) ss.
COUNTY OF _____)

On this the ____ day of _____, 200____, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Individual) (Title/Position)
of _____ and that as such _____
(Name of Paid Solicitor/Principal) (Title/Position)

being authorized to do so, executed the foregoing instrument for the purposes therein contained, by signing the name
of _____ by himself/herself as _____.
(Name of Paid Solicitor/Principal) (Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

MY COMMISSION EXPIRES:
_____/_____/_____

(SIGNATURE OF NOTARY PUBLIC)

FOR SURETY:

STATE OF _____)
) ss.
COUNTY OF _____)

On this the ____ day of _____, 200____, before me, the undersigned, personally appeared

_____, who acknowledged himself/herself to be the _____
(Name of Individual) (Title/Position)
of _____ and that as such _____ being authorized so to do,
(Name of Surety) (Title/Position)

executed the foregoing instrument for the purposes therein contained, by signing the name _____
(Name of Surety)
by himself/herself as _____.
(Title/Position)

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

MY COMMISSION EXPIRES:
_____/_____/_____

(SIGNATURE OF NOTARY PUBLIC)

****FILL IN ALL AREAS ON THIS FORM – THE FORM WILL BE RETURNED IF AREAS ARE LEFT BLANK.***